

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

12971

State File No. _____

No. 300
10-48

FILED APR 7 1953

| | | | | | | | |
|--|---------------------------|--|--|--|--|--|---|
| BIRTH NO. _____ | | REG. DIST. NO. <u>336</u> | | PRIMARY REG. DIST. NO. <u>6128</u> | | Registrar's No. <u>236</u> | |
| 1. PLACE OF DEATH a. COUNTY <u>Shannon</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Shannon</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Eminence Mo</u> | | | | c. LENGTH OF STAY (In this place) <u>5 yrs</u> | | | |
| d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION _____ | | | | d. STREET ADDRESS (If rural, give location) <u>1010</u> | | | |
| 3. NAME OF DECEASED (Type or Print) <u>Otto</u> | | b. (Middle) <u>Phillip</u> | | c. (Last) <u>Kiefer</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Mar: 1-1953</u> | |
| 5. SEX <u>M</u> | 6. COLOR OR RACE <u>W</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | | 8. DATE OF BIRTH <u>Mar 9-1890</u> | | 9. AGE (In years last birthday) <u>62</u> | 10. IF UNDER 1 YEAR Months <u>11</u> Days <u>22</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Rail Road</u> | | 10b. KIND OF BUSINESS OR INDUSTRY _____ | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Lindsburg, Ill.</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | |
| 13a. FATHER'S NAME <u>Otto Kiefer</u> | | 13b. MOTHER'S MAIDEN NAME <u>Margaret Metzler</u> | | 13c. NAME OF HUSBAND OR WIFE <u>Louise A Kiefer</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes never unknown) <u>No</u> | | 16. SOCIAL SECURITY NO. _____ | | 17. INFORMANT'S SIGNATURE OR NAME <u>Louise A Kiefer</u> ADDRESS <u>St Louis E. St. 1500</u> | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>(History of Coronary Angina)</u> | | | | INTERVAL BETWEEN ONSET AND DEATH <u>Sudden</u> <u>4261</u> | |
| 19a. DATE OF OPERATION _____ | | 19b. MAJOR FINDINGS OF OPERATION _____ | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____ | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____ | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____ | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) _____ | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? _____ | | | |
| 22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>3:15 p.m.</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE <u>Dr. F. Wilson</u> (Degree or title) <u>Shannon County Coroner</u> | | | | 23b. ADDRESS <u>Eminence Mo</u> | | 23c. DATE SIGNED <u>2-4-53</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) _____ | | 24b. DATE <u>2/5-1953</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Valhalla Crematory</u> | | 24d. LOCATION (City, town, or county) (State) <u>St Louis Mo.</u> | |
| DATE REC'D BY LOCAL REG. <u>Apr 6. 53</u> | | REGISTRAR'S SIGNATURE <u>Mabel Roen</u> | | FUNERAL DIRECTOR'S SIGNATURE <u>Shannon Funeral Home</u> | | ADDRESS <u>Shannon Mo</u> | |

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

APR 30 1953

APR 21 1953

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

John J. Duncan

Licensed Embalmer No. *2516*

P. O. Address

*1712 1/2 E. 1st St.
St. Louis, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.